

# INDEMNIFICATION STATEMENT

FORM 700-A

This is a facsimile of an original United States Savings Bond/Note containing the following data.

SERIAL NUMBER	ISSUE DATE (Month/Year)	PAYMENT DATE (Month/Year)	PAYMENT AMOUNT
C000000000EE	11/1991	05/2003	\$275.38

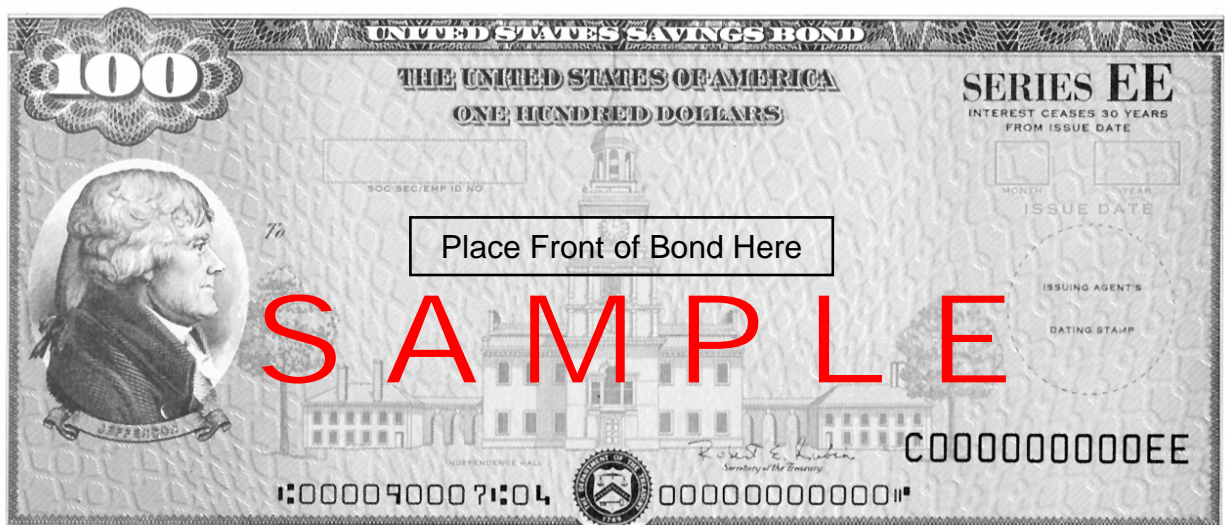
The bond/note has been endorsed by the undersigned and reported missing or destroyed while in the regular course of bank collection. The undersigned guarantees the validity of this facsimile and all prior or any missing endorsements and agrees to be bound by the regulations contained in Treasury Circular No. 750 current revision (31 CFR Part 321), for any loss sustained by the Treasury or an endorsing bank in honoring this facsimile.

Reason for Facsimile: Lost internally

Institution Name and Address: First Nat of Canonsburg, 213 Pike Street, Canonsburg, PA 15317

Routing and Transit # (ABA #) of Institution: 1234-5678-9

Authorized Signature:



TERMS AND CONDITIONS/PAYMENT INFORMATION: Department of the Treasury Circulars, Public Debt Series Nos. 1-80 and 3-80, contain the terms and conditions governing this bond. THIS BOND IS NOT TRANSFERABLE AND MAY NOT BE USED FOR COLLATERAL. It may be paid 6 months after its issue date, upon proper identification and request, by any financial institution qualified as a paying agent.

Place Back of Bond Here		REQUEST FOR PAYMENT	
Official Seal & Stamp		Signature of Owner	
Title of Officer		Address	
Certifying Officer Signature & Date		City	
Documentary or Account Identification		State	
SSN (if not on front of bond)		Zip Code	
FOR PAYING OR CERTIFYING OFFICIAL			